

Adult-Use Licensing Marijuana Regulatory Agency P.O. Box 30205 Lansing, MI 48909 Telephone: (517) 284-8599 MRA-AdultUseRenewals@Michigan.gov

My commission expires:______.

ATTESTATION R-B CONFIRMATION OF SECTION 6 COMPLIANCE

(To be completed by the municipal clerk or their designee and submitted by the renewal applicant)

Do not sign until notary is present

Adult-Use Establishment Name: Adult-Use Establishment Address: Adult-Use Establishment Type: (clerk/designee) of _____(municipality), attest to and confirm the following: 1. The licensee named above ☐ has ☐ has not violated a municipal ordinance or zoning regulation adopted pursuant to section 6 of the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27956 that relates to activities licensed under the MRTMA or administrative rules. If there has been a violation of a municipal ordinance or a zoning regulation adopted pursuant to section 6 of the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27956, a description of the violation(s) is attached. ☐ has ☐ has not been a change to a municipal ordinance or zoning regulation adopted pursuant to section 6 of the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27956 since the marihuana license was issued to the licensee named above. If there has been a change to a municipal ordinance or a zoning regulation adopted pursuant to section 6 of the Michigan Regulation and Taxation of Marihuana Act, MCL 333.27956, a description of the change(s) is attached. Clerk (or designee) Signature Clerk (or designee) Email Address Date before me on_ Subscribed and sworn to by_____ (Clerk/Designee Name) (Notary Public Printed Name) (Notary Public Signature) _____, County of______. Acting in the county of_____

MRA 5324 (New Aug-2020) Page 1 of 1